PRINTED: 03/09/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C IL6006761 B. WING 01/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE HOPE CREEK CARE CENTER EAST MOLINE, IL 61244 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure VIOLATIONS 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care

plan. Adequate and properly supervised nursing care and personal care shall be provided to each

resident to meet the total nursing and personal

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

care needs of the resident.

and shall be practiced on a 24-hour.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

02/11/16

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 01/27/2016	
		IL6006761 B. WING				
	PROVIDER OR SUPPLIER	4343 KEN	DRESS, CITY, ST INEDY DRIVE DLINE, IL 6124			
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	assure that the residuant free of accident I nursing personnel s	ecautions shall be taken to dents' environment remains hazards as possible. All hall evaluate residents to see eceives adequate supervision				
		ee, administrator, employee or all not abuse or neglect a				
	by: Based on interview a failed to safely trans reviewed for wheeled three. R1 was being wheelchair pedals be Certified Nursing As extremity prosthesis and became trapped a fracture of the left died.	and record review, the facility sport one of one resident (R1) hair safety in the sample of transported without y E5 Transportation/(CNA) sistant when R1's left lower of folded under R1's wheelchair d. R1 subsequently sustained femur, was hospitalized and				
	Transporter/CNA do Representative Dutie	es: " 3.) Responsible for ts, supplies, equipment and				

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STATEMENT OF DEFICIENCIES (X1) PRO

	OF CORRECTION	()		A. BUILDING:		COMPLETED	
		IL6006761	B. WING		i .	C 27/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
HOPE C	REEK CARE CENTER		INEDY DRIVE				
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	documents the follo Renal Disease, Ess Dependence on Re	cord dated, 8/17/2015 wing diagnosis: End Stage cential Hypertension, nal Dialysis, Heart Failure, and Left Below the knee					
	documents R1 requ	Set (MDS) dated, 11/24/2015 ires extensive assistance/one ist for locomotion on and off					
70/11/1	R1's Careplan dated a below the knee ar and is a two person	d, 8/31/2015 documents R1 is nputee, R1 wears a prosthetic transfer.					
	R1's nurses notes o R1 did not leave for lower extremity was (Certified Nursing As	Practical Nurse) documents in n 1/18/2016 at 9:20A.M., that dialysis and that R1's Left hurt. E4 sent E6 CNA ssistant) to get resident, due re of another resident.					
	9:30A.M. indicated to the nursing unit for refusing to come to stated to E4, "I think (E5/Transportation/Owouldn't stop when I the wheelchair twice in tears when E4 to stated to E4, "I heard	Certified Nursing Assistant) yelled, it was caught under "E4 documents that R1 was uched left lower leg. R1 also d a pop when left leg was ds." The note stated R1 was uncy department for					
	hospital dated 1/18/2	ysical form from the local 2016 at 3:42P.M., documents					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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			LINE, IL 61:	244			
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	with left lower extre wheeled down in wistated R1 had no pedals on not hold up R1's left folded under R1's willower extremity and stated that the trans wheelchair is deaf a pain. R1's Imaging examinutes 1/18/2016 indicated mildly angulated mild.	mity pain, and R1 was being heelchair for hemodialysis. It in R1's wheelchair, R1 could to lower leg prosthetic, so it wheelchair, pulled on R1's left came off. The form also sporter that was pushing R1's and could not hear screams of ination of left knee dated: "Findings: There is some ldly displaced acute fracture at metaphysis of the femur."					
	On 1/26/2016 at 948 (Certified Nursing A: 1/18/2016 around 8: reception desk and coming along the side towards the front do telling(E5) "My leg, was getting ready to already stopped in fir R1) telling(E5) to fix around the front of chelp and(R1) is required be removed, I start to says, "Be real careful and noticed there was con 1/26/2016 at 1041/18/2016 at about 9 call from the reception	arge Summary dated 1/26/16 pired in the hospital. 5A.M., E3 Receptionist/CNA ssistant) stated, "On: 30A.M., I was sitting at the I could see(R1) and(E5) de of the reception desk for and I could hear(R1) please stop my leg." Just as I tell (E5) to stop, (E5) had ront of the desk. Then I hear(R(R1's) prosthetic leg. I go desk to see what I can do to uesting that(R1's) prosthetic to remove the leg and(R1) all my leg hurts." I removed leg as no pedals on wheelchair. " 45A.M., E4 stated," On BA.M.(E6) received a phone onist, that(R1) was down in stelling well and did not want to					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6006761	B. WING		1	27/2016
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			LINE, IL 61	<u> </u>		
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	leave for dialysis. I because I was busy came back up to ur prosthetic in her ha and was able to corbe assessed. (R1) I for CNA (E5) to stop left leg up, but (E5) hear me." (R1) said the wheelchair, ther have any visual impon mid-thigh and (Fither about (R1's) left (R1's) condition acting right". I also be dialysis. (R1) was semergency room, dithere. (E5) returned resident and I stopp R1) was sent out be was broken. and hult is a good possibili broken, because leg twice." First time, I lifalling out of the who prosthetic leg cause E5) that (R1) continuagain, "I just know nowuld not stop wheeld the reception desiremove the rubber's semenove the rubber's	sent (E6) to go get (R1), with another resident. (E6) int without (R1) and (R1's) ind. I went down to lobby area nvince (R1) to return to unit to kept telling me that, "I yelled because I could not hold my cannot hear well and did not my left leg was caught under in I heard a" pop." (R1) did not reairments, but I gently push R1) had severe pain. (E4) d (R1's) daughter to inform fit leg and to inform her that I my was declining, 'just wasn't knew (R1) was due for (R1's) ent out for evaluation to the aughter agreed to meet (R1) d from transferring another and (E5) to inform (E5) that(because I felt (R1's) left leg rting very badly. (E5) stated, " ty that (R1's) left leg is g got caught under wheelchair iterally had to grab (R1) from beelchair, the force of the add (R1) to move forward. I told(under my left leg is broken and (E5)				

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	LOCOL NAIL ETIDO	E CONOTRILOTION	To(0) 5 . = =	
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	1		LINE, IL 61	244		
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	says to me, when(E5) was pushing me(E5) hurt				
	says to me, when (E5) was pushing me (E5) hurt my leg. I knew that (R1) was in a lot of pain because (R1) would not let me touch the wheelchair to take (R1) to back to unit. I left (R1) near lobby and went to get (E4) (.R1) was not using foot pedals, and when (R1) goes to dialysis (R1) should be using the foot pedals." On 1/26/2016 at 12:00P.M.,					
	because(R1) would	d not let me touch the				
	wheelchair to take(R1) to back to unit. I left(R1)		TO THE STATE OF TH		
	near lobby and wer	nt to get(E4)(. R1) was not				
	using foot pedals, a	and when(R1) goes to dialysis(
	R1) should be using	g the foot pedals."				
7		CNA (Certified Nursing				
	Assistant) stated," (On 1/18/2016 I was propelling				
	(R1) in wheelchair	to the front lobby for dialysis,				
	and all of the sudde	en (R1's)wheelchair stopped				
		ard, I reached out to try and				
	stop (R1) from fallin	ng out of wheelchair. I asked (
		"(R1) answered, "give me a				
		" (R1's) prosthetic leg was				
	bent and stuck under	erneath (R1's) wheelchair,				
		elchair stopped abruptly. I				
EA .		ack and prosthetic realigned				
		pedals on wheelchair so, I				
	asked (R1) if (R1)	was able to hold feet up to				
appear of the state of the stat	proceed and (R1) s	said "yes". (R1) was able to				
	keep both feet up, b	out not for long. So, I turned (
	R1's) wheelchair are	ound and pulled the				
	wneelchair to front le	obby. (R1) did not complain				
	or any pain. I made	it to the front of the reception				
	desk and asked (E	3) to come around and assist				
	me to try and figure	out what was wrong with (
	R1). As I was kneeli	ng down to zip (R1's) coat, (
	(C) to any lained of p	pain in left leg so, I asked (
	=3) to call unit for nu	urse. I have never had any				
	problems transferrin	g (R1), but I realize now that				
	(K1) was too weak	to hold (R1's) legs up. I				Ī
	should have used fo	ot pedals."				
	On 1/26/2016 -+ 0:0:	ODM EZOT (C				
		OP.M., E7 OT (Occupational				ĺ
	therapies, (R1) was	Ve had (R1) on and off for			D Mills de la company	
		rt distances only. We put foot	and the state of t			
	wineelchall very SHO	it distances only, we put foot				1

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AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S9999	pedals on (R1's) whappened to them.(pedals on her wheeld on 1/27/2016 at 10: Nurses) stated, "Dulearned that(R1) was toward the sides.(Ewheelchair pedals towheelchair." On 1/27/2016 at 11: stated, "(R1) was a wheelchair short dishave had the wheeld long distances." On 1/27/2016 at 11: stated, "Back in Nov started getting weak R1) in the wheelchair dropped, and mome anymore.' So, (R1) pedals. On 1/18/201	heelchair, I don't know what R1) should have been using Ichair." 30A.M., E2/ DON (Director of uring my investigation I as not feeling well and leaning 5) should have used transport (R1) in 06A.M., E1/ Administrator	S9999			
	They are trying to se go. The lady was pu my leg, I kept asking hear me." Z3 also st and should have bee to the left prosthetic On 1/27/2016 at 12:: regarding the use of "Sure it makes sense have been used for the wheelchair pedal	end me to dialysis, and I can't shing me too fast and twisted g for help, but she couldn't ated, "My mom was weak en using a foot pedal al least				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATI	(X3) DATE SURVEY COMPLETED C 01/27/2016	
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